

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034918

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 49

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS,300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mountain GroveLength of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION R.F.D.#3Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Wright

c. CITY
OR
TOWN Mountain GroveInside Limits
Yes ☐ No ☒d. STREET
ADDRESS R.F.D. #3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

FRED

Middle

LEONARD

Last

MELTON

4. DATE
OF
DEATH

Month

Day

Year

August 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/22/1893

9. AGE (last birthday)

70 Years

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Mountain Grove, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James M. Melton

13b. MOTHER'S MAIDEN NAME

Sarah Ann Oxley

14. NAME OF HUSBAND OR WIFE

Leona Leota Melton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Earnestine McKinney - Mtn. Grove, Mo

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 19, to Aug. 19, 1963 and last saw him alive on August 19, 1963

Death occurred at 5:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W a Chang DO

(Degree or title)

22b. ADDRESS

Cor. First & Talcott Sts.

22c. DATE SIGNED

8/21/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Mountain Grove, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Barber Funeral Home - Mtn. Grove, Mo

25. DATE RECD. BY LOCAL REG.

8-21-1963

26. REGISTRAR'S SIGNATURE

Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Called J. Home to find out
date of burial which I
have put on Certificate
Bureau of Silverman
Registration.

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Bob Davis, Student Embalmer No. 678
working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3164

P. O. Address Mr. George Stapp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

2091-25-2
2091-12-8